


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 12, 2004 08:00 AM
Secretary of State

| | |
|--|---|
| DOCUMENT # L43571 1. Entity Name SUNTECH 3, INC. |  |
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|---|---|
| Principal Place of Business 237 S WESTMONTE DR SUITE 307 ALTAMONTE SPRINGS, FL 32714 US | Mailing Address 237 S WESTMONTE DR SUITE 307 ALTAMONTE SPRINGS, FL 32714 US |
|---|---|

DO NOT WRITE IN THIS SPACE



01262004 No Chg-P CR2E034 (10/03)

| | |
|---|--|
| 4. FEI Number 59-2984510 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

**KOVATCH, MARYE ANN
105 BILL CIRCLE
DAYTONA BEACH, FL 32124**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

| | | |
|---|---|--|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
|---|---|--|

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | P KOVATCH, MARYE ANN 105 BILL CR. PORT ORANGE, FL 32128 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | V BROWN, KEVIN J 336 BUTTONWOOD DR KISSIMMEE, FL |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | CEO BROWN, BRIAN 14 PARK PLACE STE B BELLEVILLE, IL 62226 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |

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02/13/04-80007-022 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **2/5/04** **650** **407/862/1114**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #